

MDR Tracking Number: M2-03-1347-01
IRO Certificate# 5259

July 29, 2003

An independent review of the above-referenced case has been completed by a medical physician [board certified] in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

59 year old female status post MVA while at work on _____. Thereafter underwent 360-degree (anterior/posterior) fusion for herniated nucleus pulposus and discectomy in 2 parts on May 2001 and September 2001. Patient has chronic back pain, is a heavy smoker, is obese and has a non-focal neurological exam.

REQUESTED SERVICE (S)

Linear, axial off-loading Ortho-Trac™ pneumatic vest

DECISION

Deny requested service.

RATIONALE/BASIS FOR DECISION

The literature provided shows support of the above-mentioned vest for decreasing lumbar intradiscal pressure, and reducing axial loading. All lumbar braces, e.g. Boston brace, reduce axial loading to some extent. At this early stage of the Ortho-Trac™ Pneumatic Vest, the amount of peer-reviewed literature is small compared to the many other less expensive braces available. This vest should be considered experimental and thus should be used only on trial basis.

This patient's chronic pain will likely not be cured by this passive device and will not be a successful modality for the patient's functional restoration.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 30th day of July 2003.